

LUMC Preschool Parent Information
Authorization Form

I give permission for *Lewisville United Methodist Church Preschool* to share the following information with my child's classmates parents or the preschool board members for the purpose of inviting their friends to birthday parties, playdates, classroom activities, teacher appreciation, etc.

Child(ren) Name:

Child(ren) Class:

Parent's Name(s):

Phone #: _____

Email: _____

Address:

Signature: _____

Date: _____